

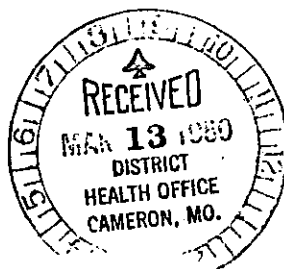
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1950

State File No. 4592

BIRTH NO. 7396-50		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3001		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY <u>Brumby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Brumby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		<u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gullers Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>203 1/2 E 8th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morann</u>		b. (Middle)		c. (Last) <u>Kurtz</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>23</u> (Year) <u>1950</u>	
5. SEX <u>7</u> / <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MM</u>		8. DATE OF BIRTH <u>Feb 11 - 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gullers Hosp. Trenton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard J. Kurtz</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Warren</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Richard J. Kurtz</u> ADDRESS <u>Trenton, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infancy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>  <u>7:15:30</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 11</u> , 1950, to <u>Feb 23</u> , 1950, that I last saw the deceased alive on <u>Feb 23</u> , 1950, and that death occurred at <u>2:20 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. R. Clark</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>Feb 24 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 25 1950</u>		REGISTRAR'S SIGNATURE <u>Doreen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackmore</u>		ADDRESS <u>Trenton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Gordon Blackmon*

Licensed Embalmer No. 4602

P. O. Address Juntura, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.